## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Don W. Klein

Title:

SYSTEM AND PROCESS FOR

FORMING A PRODUCT

HAVING A THREE-

**DIMENSIONAL GRAPHIC** 

Appl. No.:

To be Determined

Filing Date:

To be Determined

Examiner:

To be Determined

Art Unit:

To be Determined

# CERTIFICATE OF EXPRESS MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450. EV 227050451 US 12/12/2003 (Express Mail Label Number) (Date of Deposit) Through Name) (Printed Name) (Signature)

17858 U.S. PTO 10/735450

# UTILITY PATENT APPLICATION TRANSMITTAL

Mail Stop PATENT APPLICATION Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Don W. Klein 1655 Summit Drive Cedarburg, Wisconsin 53012

[X] Applicant claims small entity status under 37 CFR 1.27.

### Enclosed are:

- [X] Specification, Claim(s), and Abstract (19 pages).
- [X] Formal drawings (5 sheets, 7 Figures).
- [X] Declaration and Power of Attorney (3 pages).

# [X] Application Data Sheet (37 CFR 1.76).

# The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims	,	Rate		Fee Totals
Basic Fee							\$770.00	=	\$770.00
Total	67	-	20	=	47	x	\$18.00	=	\$846.00
Claims:									
Independents	4	-	3	=	1	X	\$86.00	=	\$86.00
:									
If any Multiple	e Dependen	t C	laim(s) prese	ent:		+	\$290.00	=	\$0.00
							SUBTOTAL:	=	\$1702.00
[ X ]		Si	mall Entity F	rees	Apply (	subtr	act ½ of above):	=	\$851.00
					Τ	OTA	L FILING FEE:	=	\$851.00

- [X] A check in the amount of \$851.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Dec 12, 2003

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